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ABSTRACT

This document provides a detailed synopsis of the book "Within Our Reach: Breaking the Cycle of Disadvantage" (L. B. Schorr). Specific kinds of intervention programs can alter the stunting conditions in which many poor children are raised. It is not necessary to change everything in order to make a difference, and policymakers do not need to wait for more information. The magnitude of the human devastation being wrought is severe. Problems such as school dropout, teenage childbearing, and drug abuse interact and cluster in the lives of individuals who tend to live together in the same neighborhoods. A review of prevention programs finds that many can serve as the starting point for national, coordinated, public, and private efforts. Five outstanding programs are briefly described. Despite the current societal despair and the need to integrate knowledge with practice, a new national policy should be developed based on the following: (1) public acceptance of the possibility of early intervention; (2) public acceptance of intensive preventive care as a sound allocation of resources; (3) allocation of resources for large scale implementation of policies; (4) upgrading of the social value assigned to professional efforts aimed at breaking the cycle of poverty; and (5) commitment to long-term solutions. A list of 14 notes, and a list of recent Carnegie Corporation grants are included. (JB)

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Bringing Children Out of the Shadows

The thesis of Lisbeth B. Schorr's new book, *Within Our Reach: Breaking the Cycle of Disadvantage* (Anchor/Doubleday, $19.95), written with the assistance of Daniel Schorr, is that specific kinds of intervention programs can alter the stunting, pernicious conditions in which many poor, disadvantaged children grow up in America and can thereby reduce the odds of "rotten outcomes" for them. It is not necessary to change *everything* — the structure of opportunity, the neighborhood environment, or even the family situation — in order to make a crucial difference for a child.

Nor, Schorr maintains, do policymakers have to wait for more information to act: essential knowledge that is needed is available. Successes in altering the life path for children suffering problems of family chaos and entrenched poverty have been documented in many service programs focusing on family planning, social support, child development, health, and education.

Schorr's book sets out to examine and describe innovations proven to prevent or lessen damage to disadvantaged children and to consolidate the "scattered evaluative information" about them in order, she says, to combat the widespread view that "nothing works" — that social programs are just "'throwing money' at human problems." The evidence she amasses makes a strong, credible case for the development of policies and programs for large-scale intervention on behalf of the poorest, most isolated children and their families. Investment in early education and child care is particularly justified, she argues, in light of the long-term savings from damage prevented.

The Individual and Social Costs

Schorr's book first surveys the magnitude of the human devastation being wrought among young people in American society. The prison population, for example, more than doubled between 1972 and 1983. "Crime is a young man's game," says Welsley Skogan, Northwestern University sociologist — so much so that the peak age for arrests for property crimes is 16 and for violent crime, 18. By the end of 1985, the proportion of the American population behind bars was the highest ever recorded. Only the Soviet Union and South Africa have higher rates of incarceration than the United States. Prison construc-

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tion costs over $50,000 a bed; to keep a person in prison for a year in 1985 cost $14,600.[1]

Drug use and drug-related crime increased at an "astonishing rate" between the early 1960s and the late 1970s, says Schorr. "The effect of illegal commerce in drugs has had a profound influence on life in urban slums." Almost a third of seventh-grade students in New York State said they had used illegal drugs. Experimenting with drugs at increasingly younger ages is particularly alarming in view of the evidence that the age of the first use of illegal drugs is a good predictor of later heavy drug involvement. For many youngsters, drug dealing offers an attractive alternative to more tedious and less well-compensated work.[2]

Today, one out of seven teenagers leaves high school before graduating. In the "high-tech" society of the late 20th century, the need for unskilled workers has plummeted. "Labor market problems of teenagers result largely from their doing poorly in school," reported the General Accounting Office to Congress in 1986.[3] Studies show that 13 million school-age children currently are at serious risk of school failure, a situation that the Committee on Economic Development, a business research organization, asserts will "drain the economy in welfare and social service costs and seriously hamper the nation's ability to compete internationally."[4] Dropouts are seven-and-a half times as likely as high school graduates to be dependent on welfare and twice as likely to be unemployed and living in poverty. "Today," says Schorr, "there is only one way to adult self-sufficiency — the school way."

The rate of births among American teenagers is unparalleled in the industrialized world. American girls under the age of 18 have proportionately twice as many babies as British and Canadian girls, more than three times as many as the French, more than four times as many as the Swedish and the Dutch. Although the figures are higher for black than for white Americans, Schorr notes that U.S. birthrates for white teenagers alone are higher than those for teenagers in any other Western country.[5] Of all mothers under the age of 30 receiving Aid to Families with Dependent Children (AFDC), 71 percent began their childbearing as teenagers. Annual public expenditures for these families through AFDC, food stamps, and Medicaid were estimated in 1985 to be $16.65 billion.[6]

"The baby of an adolescent mother is born into peril," declares Schorr. "It is more likely than other babies to have physical problems at birth — to be born prematurely, at low birthweight, in generally fragile health, and in need of expensive neonatal intensive care" — handicaps explained less by the physiological immaturity of adolescent girls than by inadequate prenatal care and lack of supportive services. Experts disagree about whether immaturity, poverty, or isolated parenting is the most destructive aspect of teenage childbearing, but, says Schorr, they do agree that children born to teenage mothers are more likely to be handicapped in their cognitive, social, and emotional development, are at greater risk of being neglected, and are less likely to do well in school than are children born of older parents.

The Problems Come in Clusters

Crime, school dropout, teenage childbearing, drug abuse — each of these and other major problem behaviors of adolescents can be studied separately, but in the real world they interact, reinforce one another, and often cluster together in the same individuals, recent research has determined. Increasingly, writes Schorr, not only do the problems cluster, but the individuals having these problems live in the same neighborhoods. For them, the damage that begins in childhood becomes visible in adolescence and reverberates throughout a community as part of an intergenerational cycle of social devastation.

Many attempts have been made to estimate the number of individuals and families whose lives are pervaded by combinations of low income, inadequate education, chronic unemployment, unstable family relationships, and behavior patterns and norms deviating from those of mainstream populations. Until recently, according to Schorr, estimates of the size of this population were based exclusively on income and ranged from about two to about eight million persons.

In 1986, however, sociologist-demographer Erol R. Ricketts and economist Isabel V. Sawhill of the Urban Institute, a Washington, D.C.-based research organization, found from study of the 1980 Census that about 2 percent of urban census tracts had populations with high proportions of high-school dropouts, welfare recipients, female heads of household, or working-age males not regularly attached to the labor force. In 1980 these areas contained a total of 2.5 million people. More

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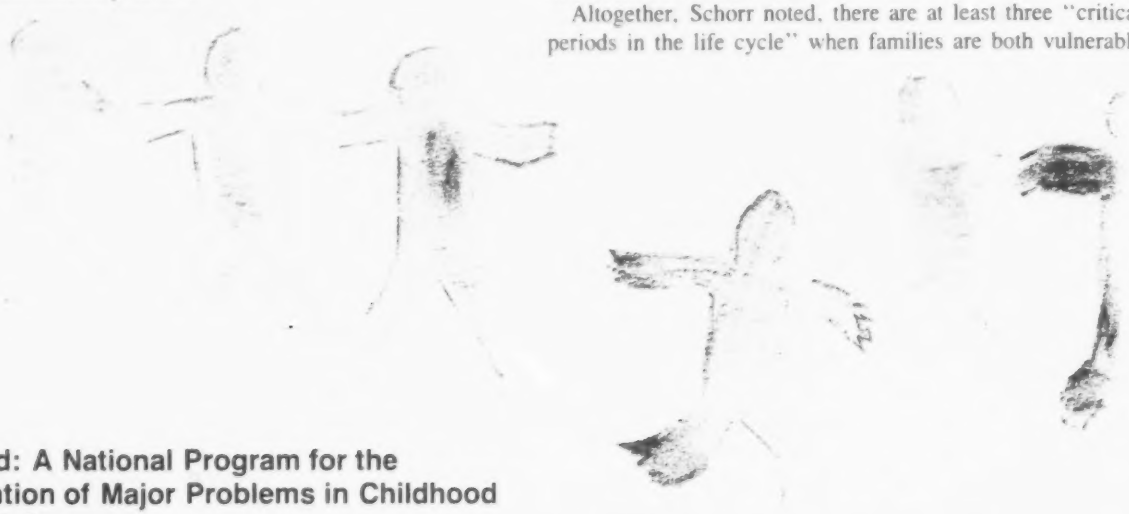
than one-half of the men had worked less than 26 weeks the previous year; more than one-third of men and women between the ages of 16 and 19 had dropped out of school; and well over one-half of the families were headed by women.[7]

Geographically, the largest concentrations of persistently poor, unskilled, alienated, unemployed, and unmarried persons reside in six cities of the Northeast: New York, Chicago, Detroit, Newark, Philadelphia, and Baltimore. Schorr's logical conclusion is that if American people are serious about reducing the terrible odds arrayed against disadvantaged children growing up in these circumstances, social policy would better be aimed directly at central-city populations.

As information about the effectiveness of timely, intensive intervention comes to public attention, more Americans, Schorr believes, will see the wisdom — indeed the necessity — of investing in help to families at highest risk in order to obviate the more expensive repairs needed after disintegration has taken place. "Reaching out to the hard-to-reach, helping the hard-to-help, represents not a visionary idea but a practical solution to an urgent national problem."



Needed: A National Program for the Prevention of Major Problems in Childhood and Adolescence

Schorr devotes the better portion of her book to a review of rigorously evaluated preventive programs that, she believes, can serve as the starting point for national, coordinated, public and private efforts aimed at ensuring that children in persistent poverty and unstable homes will grow up healthy, productive, and strong. The goals of such an effort include fewer early and unplanned pregnancies, improved prenatal care for young and poor expectant mothers, services aimed at the early detection and treatment of child health problems, the reform of national health policies to improve access to quality care, a network of effective preschool and day-care services, and improvement in the climate of schools — the "balance wheel of the social machinery."

The programs she found that work best for children and families in high-risk environments "typically offer comprehensive and intensive services. Whether they are part of the health, mental health, social service, or the educational systems, they are able to respond flexibly to a wide variety of needs." The manifold needs of the poor, she emphasizes, are "inseparable in the broad framework of human misery" and cannot be approached with bureaucratic or professional blinders or dealt with effectively by "prevailing, rigidly circumscribed programs."

These findings, she claims, shed new light on the frequent observation that available services are not of much help to families mired in multiple problems.

As to the timing of outside assistance, Schorr from her research has become a strong advocate of early intervention: "The more long-standing the neglect, deprivation, and failure, the more difficult and costly the remedies." Help early in the life cycle, she stresses, is "likely to be more economical and more effective. Failure and despair don't have as firm a grip early as later. Life trajectories are more easily altered."

As Judith Jones, director of the National Resource Center for Children in Poverty, told Schorr, "The determinants of early maternity are operative long before the onset of sexual intercourse." The same, Schorr shows, is true of other high-risk behaviors in adolescence.

Altogether, Schorr noted, there are at least three "critical periods in the life cycle" when families are both vulnerable and unusually receptive to new learning: for prospective parents, in the time surrounding pregnancy and birth, when outside help can be given in starting a good relationship between parent and child; and for children, as they are becoming established in school and at the beginning of adolescence.

Schorr's preference is for public policy to build on programs that have already proven successful with high-risk families. Highlights from her reviews of successful interventions include:

- *Prenatal care*. In 1977, Oakland, California, babies were found to be dying at twice the rates pertaining in the rest of the county and state. Higher-than-average infant mortality was found in other areas with high concentrations of poor families as well. The legislature authorized the state health department to develop the OB Access Project (short for Access to Obstetrical Care) to improve the survival rates and health of these infants. Seven years later, the experiment blossomed into a statewide system of prenatal care services to the poor that is,

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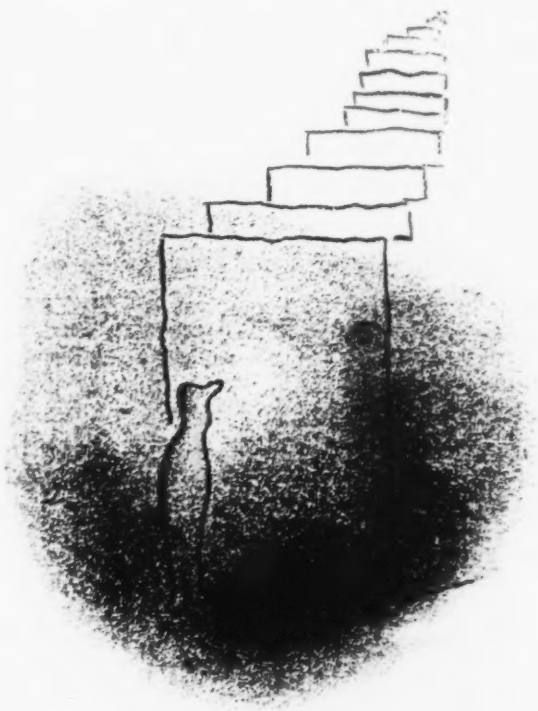
as Schorr puts it, truly "transmedical." In addition to providing medical services to the prospective mother early in her pregnancy and a complete screening for medical and associated risks, the program offers a thorough nutritional assessment of the mother, vitamin supplements, "psychosocial" evaluation and follow-up services, health education, coordination with the federal WIC program (food supplements to women, infants, and children), family planning services, and parenting classes. State financing arrangements were modified and Medicaid regulations waived to permit more flexible methods of paying providers, so that, once a woman was in the program, she could be guaranteed continued care until after the birth of her baby regardless of changes in her eligibility status. Between 1979 and 1982, more than 5,000 babies were born to the women participating in the pilot program. Evaluation of the outcomes revealed "spectacular" results, Schorr reports. One-third fewer babies of low birthweight were born to project participants than were born to a matched comparison group. Enhanced care under the expanded access program cost 5 percent more than the average cost of public support for prenatal care, but every additional dollar spent saved an estimated $1.70 to $2.60 per child in neonatal intensive care for low birthweight babies.

• *Child health services.* The Jackson-Hinds Comprehensive Health Center started in Jackson, Mississippi, in 1970, at a time when the state led the nation in maternal and infant death rates and in other indicators of preventable mortality and morbidity. Dr. Aaron Shirley founded it with a group of colleagues in the belief that "health problems cannot be separated from the poverty, isolation, ignorance, and threatening environments which cause them." By 1985, the Center's clientele numbered 32,000 people, most of them children, who receive a range of services including dental care and psychological counseling. The Center's 14 minibuses provide door-to-door assistance for more than 150 patients a day, bringing in children who would never otherwise see a doctor. Thirty percent of its budget comes from Medicaid payments, with the balance provided mainly by grants. The adolescent health clinics offer comprehensive health services to students in two schools and have markedly reduced school-age pregnancy, contributing to a higher school-completion rate.

• *Quality preschool education and child care.* The long-term effects of Project Head Start and other preschool education programs are now exceptionally well documented. Operating since 1965, Head Start has shown through the years that the education, health, nutrition, social services, and parental support it provides poor children have prevented or ameliorated many of the educational handicaps associated with poverty.[8] Assessment of the longitudinal impact of the experimental Perry Preschool Program, initiated in 1962 in Ypsilanti, Michigan, and partially supported over the years by the Corporation, revealed that, at age 19, those who were enrolled in the program as children were found to be twice as likely as a randomly assigned "control" group to be employed, attending college, or receiving further training. Their high school graduation rate was one-third higher, their arrest rates were 40 percent lower, and their teen pregnancy rates 42 percent lower. Equally remarkable results from an "early enrichment" program are reported by Schorr from the IDS Harlem Project, sponsored by the Institute for Developmental Studies of New York University. Begun in 1963, it has been run by Martin and Cynthia Deutsch, with some Corporation support. "Early childhood education has a lasting impact on adult life," declares Perry Preschool founder David P. Weikart, "and the benefits to society in reduced costs of remedial education, increased earnings, decreased welfare payments, and less crime are demonstrable in hard economic analysis."[9]

• *Strengthening families from outside.* Children removed from their families and placed in foster care, group care, or residential institutions often face bleak futures, shuttled from one domicile to another, unable to form a lasting relationship with a dependable caring adult. A program called Homebuilders, run by the Catholic Children's Services in Tacoma, Washington, has a staff of professionals with masters' degrees in social work, psychology, or counseling. They offer help to families in crisis just when, in the judgment of a child welfare, juvenile justice, or mental health agency, a child is in danger of being removed from the home. They employ a variety of individual and group therapy methods, teach more effective parent child interactions, and offer practical help—a spare part to fix a tire, a ride to the supermarket, rat control. "We help clients take control of their own lives," explains therapist



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Charlotte Booth, whose expertise is in defusing potentially violent family conflicts. In the first six years of Homebuilders' efforts, placement of a child away from the home proved unnecessary for 92 percent of the client families. In the most recent evaluation, which followed families for a longer period, 90 percent of the children helped by Homebuilders were still with their families.

• *Influencing the school climate of achievement.* Remarkably, says Schorr, there is wide agreement among researchers on the attributes of schools that are effective with poor children. In essence, these add up to what Schorr terms "institutionalized caring." The theme that runs through all successful schools, observe educational historians David Tyack and Elisabeth Hansot, is that principals, students, teachers, and parents share a sense of community and a "socially integrating sense of purpose. . . ."[10] Studies of effective schools, Schorr points out, show "that the school environment in its totality has a powerful impact on student outcomes." The Katharine Brennan Elementary School, located in the Brookside Public Housing Project of New Haven, is one of two demonstration schools, which, in 1968, had the lowest achievement and worst attendance and behavior records in the city. Fifteen years later, without any change in the socioeconomic composition of the student population, the demonstration schools ranked third and fifth in composite fourth-grade test scores. Both have superior attendance records. Dr. James Comer, Yale University, a child psychiatrist, whose vision and leadership helped turn New Haven schools around, has long studied school environments and their impact on students. He provides a "disarmingly simple" answer to the reason for Brennan's success: It has paid more attention to child development and to basic management of the school. Neither has been adequately taken into account in most schools, Comer believes. He is convinced that every school is a "special kind of system." Its management must be taken seriously and be based on an understanding of child development.[11]

Combatting Societal Despair

"It is a strange and tragic paradox," Schorr writes, "that confidence in our collective ability to alter the destinies of vulnerable children has hit bottom just as scientific understanding of the processes of human development and the rich evidence of success in helping such children has reached a new high."

When Schorr, a specialist on health issues and lecturer in social medicine and health policy at Harvard University Medical School, set out to write this book, she says, "my hunch was that if one could put together what is already known about the early precursors of adolescent rotten outcomes and—even more to the point — about interventions that could prevent damage, we would have a solid foundation on which to build a strong network of preventive programs and policies, by governmental as well as private agencies."

As she read academic journals and government reports, learned the results of new studies that had followed children's development from earliest infancy to adulthood, and talked with researchers and the practitioners who work on the front lines with families in trouble, Schorr found to her amazement how much is really known about "what works."

She was, however, "dismayed at how little of this knowledge was being utilized to change the prospects for the children growing up in the shadows, the children most at risk"—those who are born and raised in unrelieved poverty, whose families are homeless, who have a mentally ill, alcoholic, or imprisoned parent or a parent who is very young, socially isolated, and undereducated—the children, in fact, who themselves are the most likely of all to suffer in adolescence from unmarried parenthood, ill health, school failure, delinquency, welfare dependency, and unemployment.

"The more I looked," Schorr continues, "the clearer it became that in the last two decades we have accumulated a critical mass of information that totally transforms the nation's capacity to improve outcomes for vulnerable children. . . . But many administrators, academics, practitioners, and public policy analysts are not aware of the newly emerging insights, especially from outside their own fields."

Schorr is one of several writers and researchers who are working under Corporation grants to consolidate the research and experience scattered across divergent fields and disciplines in order to strengthen the knowledge base about high-risk youngsters, about the problems from which they suffer and their antecedents, about the social costs of neglect, and about interventions or preventive measures that demonstrate solid evidence of success. Their reports could become an important stimulus to serious public interest and action on these crucial problems. Indeed, in the light of public disappointment with past social policy directed at overcoming poverty and its consequences, such syntheses may be the *a priori* condition for gaining nationwide support of any new large-scale social policy initiatives in education, skills training, health, and family support.

The Need for Integration of Knowledge and Practice

The cultural anthropologist Ernest Becker observed that knowledge in the late 20th century has become "strewn all over the place, spoken in a thousand competitive voices. Its insignificant fragments," he wrote, "are magnified out of all proportion, while its major and world-historical insights lie around begging for attention. There is no throbbing vital center."[12]

Knowledge about child and adolescent development and programs serving their needs seems similarly fragmented and "strewn all over the place," lacking a "throbbing vital center" or linkage to decision making.

Comments Schorr, "Part of this gap between knowledge and action springs from traditions which segregate bodies of information by professional, academic, political, and bureaucratic boundaries. Complex, intertwined problems are sliced into manageable but trivial parts. Efforts to reduce juvenile delinquency operate in isolation from programs to prevent early childbearing or school failure. Academics burrow for what

remains unknown but often fail to herald what is known. Evaluators assess the impact of narrowly defined services and miss the powerful effects of a broad combination of interventions. Successes achieved by health centers, schools, and family services agencies have common characteristics which form patterns which are rarely perceived."

The task of uniting the best available knowledge and thought in many fields about any subject or issue is arduous, as Joy Dryfoos, another scholar working under Corporation support, is in a position to know first hand. Dryfoos, who was trained in urban sociology and is an expert in program planning and evaluation, was commissioned by the Corporation in 1985 to review programs and services to foster responsible sexual behavior in adolescent boys.[13] Under a current Corporation grant, she is researching the size and scope of four major problems occurring during early adolescence — delinquency, substance abuse, teenage pregnancy, and school failure — and reviewing the efficacy of preventive or treatment programs.

"Much has been written separately about each of these problem areas," she comments. "Each of these fields has its own literature and 'gurus,' independent categorical funding sources and agencies, advocates, and detractors." Dryfoos' aim, rather than to add another voice, is to build on "that rich foundation." Her report, *Adolescents at Risk* (forthcoming, Oxford University Press), will present the major findings of youth surveys and program evaluations, with attention to the strengths and weaknesses of the many data sources used. For teachers, case workers, health educators, physicians, and program administrators, in particular, the book will describe the components of successful programs and suggest policies that should be implemented at the local, state, and federal level to further a more successful approach to preventing "high-risk behavior" than is taken today.

Dryfoos' initial task has been to find out how many teenagers *are* delinquent and abuse drugs, become parents at early ages, or fail in school. In addition, she is assessing the extent to which these problems overlap and are interrelated. From her research, she has concluded that at least three million boys and girls aged 10 to 17 are prey to *all* of these high-risk behaviors, and another four million are at risk of falling into most of these behavior patterns. In short, an estimated seven million young people — one in four in the United States — are in real danger of destroying their life chances unless "intensive support services" are initiated to improve their school experiences and the quality of life of their families and communities.

An additional seven million adolescents, she mentions, are at "moderate risk" because of light substance use and early, but protected, intercourse. They, too, need access to general health and social services as well as quality education.

If Dryfoos is correct — and her statistical methodology and findings have been carefully reviewed by academic evaluators — this means that as many as one-half of the population of youngsters ages 10 to 17 are experiencing varying intensities of difficulty in these selected problem areas. Children of lower-income backgrounds are the most adversely affected, but more privileged youth suffer, too. Dryfoos comments soberly, "The evidence of damaged lives keeps piling up," despite the infusion of massive amounts of resources, public interest, and social concern. She adds, "Obviously, if the kinds of interventions that have been tried in the past had been more successful, many more children would be achieving than are today."

Dryfoos' conclusions result, she explains, from a statistical exercise known as "simulated estimation of target populations." Findings from major national longitudinal and cross-sectional surveys served as a basis for this effort to gain a better understanding of "risk behavior" among early adolescents.

"First," she says, "estimates of the prevalence of specific categorical risk behaviors were compiled. Second, studies that produced cross-tabulations of the coexistence of these behaviors were reviewed to gain an overview of the interrelationships. Finally, a matrix was constructed to distribute the categorical estimates into very high, high, moderate, and no-risk groups, with a view toward quantifying the size of target populations for programs of treatment, support, counseling, or community education."

If Dryfoos abandoned her study at the point of solidifying the information on problem prevalence among American teenagers, hers would still be a significant contribution to the field, but she is going further. In the search for evidence of "what works," she has reached the preliminary conclusion that "the enhancement of early schooling and the prevention of school failure should receive high priority" — not only from those interested in lowering the dropout rate but also from those who are interested in preventing substance abuse, pregnancy, and delinquency.

Says Dryfoos, "We need workable and effective strategies for prevention — strategies that are comprehensive and that focus more on the antecedents of problem behaviors, rather than on the behaviors themselves."

Dryfoos would be the first to acknowledge that what happens to American youth in the future will be only partially shaped by the interventions she will describe in her book. Programs alone, she emphasizes, "cannot change the social environment in which children live. This society is being tested in a way that is different from all that has gone before. It has to face up to that potential loss of fully one-fourth of its youth who will never become productive citizens unless they receive immediate attention" — attention that does in fact attempt to deal with the social environment of these youngsters. Her hope is that her book will "contribute to an increased awareness of how critical this situation is" and offer "some new perceptions about what to do."

Schorr, perhaps more optimistic at the outset than Dryfoos about what works, found from her own research and program roundup repeated confirmation of her hypothesis: "We can significantly change the odds for youngsters growing up in environments that threaten healthy development. . . ." Contrary to what many people believe, she says, children growing up in persistent and concentrated poverty, with parents ill-equipped for parenthood, isolated from the support of extended family, close friends, and sheltering surroundings, *can* be helped from the outside.

Toward a New National Commitment

Summarizing her arguments, Schorr presents "five pillars" on which, she believes, a "new national commitment of consequence" with "staying power" must stand:

- First, the public must accept the evidence that favorable outcomes among high-risk children can be achieved by systematic intervention early in life. Interventions, to be effective, must offer a "broad spectrum" of services and continuity of care to families and children in the context of the community in which they live. These programs must have skilled staff that can develop "reciprocal" relationships of trust and respect.

- Second, the public must understand that "intensive and sometimes costly" preventive care for vulnerable families and children represents a sound allocation of resources. Such assistance, she maintains, is cheaper by far than the price society already pays for neglected health, unemployment, and crime. Americans, in other words, must "recognize that investments to improve the futures of disadvantaged children represent a joining of compassion with long-term self-interest."

- Third, the public and the private sector at the local, state, and national levels must be willing to allocate the necessary resources for large-scale implementation of policies and programs of proven merit with the poorest of families.

- Fourth, there must be an upgrading of the social value assigned to professional and academic efforts aimed at breaking the cycle of disadvantage so that exceptionally talented researchers, practitioners, and administrators will be drawn into the relevant fields, will be better trained, and will be more highly rewarded for working with high-risk children and families.

- Fifth, social policy should be based not only short-term political considerations but on opportunities to improve the long-term prospects of disadvantaged children.

Rallying Support for the Vulnerable

Historically, it has never been easy for advocates to gather political support for programs aimed only at the poorest of the poor, in large part because they lack a broad constituency. Liberal tradition, Schorr points out, inclines toward dealing with their problems on a larger canvas. "Progress has most frequently been made when the middle class majority has been able to see a very personal connection between their own needs and those lower on the economic scale."

But avoidance of a specific focus on seriously disadvantaged individuals and groups may now be mistaken, Schorr contends. Universal programs may not take the distinctive needs of destitute and fragmented families into account; as it is, social services often do not reach them at all.

In some cases, says Schorr, avoidance of directing services specifically to the most disadvantaged may have become downright counterproductive: "Not only has it inhibited the development of programs responding to the distinct needs of multiproblem families, it may also be impeding the flow of resources to children who are at risk because of circumstances in their environment."

Programs that identify and serve children with physical or developmental handicaps are at last becoming available, but Schorr deplores the "uninformed sentiment" that skews policy-making and resource allocation to children with biological handicaps while neglecting those with the "equally crippling, if less apparent," effects of failure to provide home visits,

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other family supports, and comprehensive prenatal care to "very young, poor, isolated, and depressed pregnant women" or to children of an alcoholic or drug-addicted parent or of a homeless family.

"The national stake in getting services to families most in need is now so large," Schorr contends, "and the potential for effective help so great, that interventions especially designed for families hardest to help justify a massive new public commitment" — a commitment that is "specific in its objectives, broad in its scope, and enduring in its staying power."

No Longer a Utopian Vision

The vision of a national commitment to provide effective outside support to the poorest children and their families, Schorr believes, is no longer Utopian: "It may well be that Americans today are becoming more receptive to proposals for new initiatives, based on solid information, aimed at fundamentally improving children's life chances. . . ." She cites, among other evidence, a 1986 Louis Harris poll of American attitudes toward children, which found that three-quarters of Americans are "prepared to pay higher taxes to provide more day care and education; 88 percent said they want government to provide more health coverage and day care services for poor children."

Yet, she acknowledges, greater public recognition of the problem "has not been accompanied by corresponding attention to promising solutions." The "crisis" of teenage unemployment, unmarried childbearing, and childhood poverty, with its attendant effects of rising welfare costs, low productivity, and growth of an alienated "underclass" continues unabated, threatening, in the phrase of an American Enterprise Institute study,[14] to "corrode a free society."

In the end, the two authors appear to agree on what Schorr states emphatically — that arresting the intergenerational transmission of poverty, family disintegration, and despair will require more than reform of the welfare system, more than forging closer relationships between public assistance and work, more than economic or employment measures, and more than the simple expansion of access to traditional social services. "The 'inverse care law,' which holds that those who need the best services get the worst, must be repealed," says Schorr.

Some of the helping systems, she says further, may be "beyond repair and will require rebuilding."

Schorr cannot say it often enough: The society is today armed with the knowledge to meet the demand for comprehensive services to the poor. "We know how to organize health programs, family agencies, child care, and schools to strengthen families and to prevent casualties at the transition from childhood to adulthood. We know how to intervene to reduce the rotten outcomes of adolescence and to help break the cycle that reaches into succeeding generations. Unshackled from the myth that nothing works, we can mobilize the political will to reduce the number of children hurt by cruel beginnings."

We can, but the question remains, will we? ■

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NOTES

[1] Costs based on G. Camp and C. Camp, *Corrections Yearbook* (Criminal Justice Institute), 1986.

[2] Information drawn in part from L.N. Robins, "The Natural History of Adolescent Drug Use," *American Journal of Public Health*, 1984.

[3] *Labor Market Problems of Teenagers Result Largely from Doing Poorly in School* (U.S. General Accounting Office), 1986.

[4] *Children in Need: Investment Strategies for the Educationally Disadvantaged* (Committee for Economic Development), 1987. Study supported in part by Carnegie Corporation.

[5] E.F. Jones *et al.*, *Teenage Pregnancy in Developed Countries* (Yale University Press), 1987.

[6] M.R. Burt and F. Levy, "Measuring Program Costs," in *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing*, Vol. 2 (Washington, D.C.: National Academy Press), 1987.

[7] E.R. Ricketts and I.V. Sawhill, "Defining and Measuring the Underclass," *Journal of Policy Analysis and Management*, Vol. 7, No. 2, winter 1988.

[8] J.B. Richmond and B.M. Caldwell, "A Decade of Head Start," in *Project Head Start*, by E. Zigler and J. Valentine, eds. (New York: The Free Press), 1979.

[9] See L. Schweinhart and D. Weikart, "Evidence that Good Early Childhood Programs Work," *Phi Delta Kappan*, 1985.

[10] See D. Tyack and E. Hansot, "Hard times, Hard Choices," *Phi Delta Kappan*, 1982; also S. Bossert, "Effective Elementary Schools," in *Reaching for Excellence*, 1985.

[11] J.P. Comer, *School Power* (New York: The Free Press), 1980.

[12] Ernest Becker, *The Denial of Death* (The Free Press), 1981.

[13] Joy Dryfoos, *Putting the Boys in the Picture: A Review of Programs to Promote Sexual Responsibility in Young Males* (Santa Cruz: Network Publications, a division of ERT Associates, forthcoming fall 1988). Findings Previously reported in the Carnegie *Quarterly*, summer/fall, 1986.

[14] M. Novak *et al.*, *New Consensus on Family and Welfare* (American Enterprise Institute for Public Policy Research), 1987.

RELATED CORPORATION GRANTS

Bank Street College of Education: for a study of public school involvement in programs for young children, $297,000 (1985).

Columbia University: toward a national resource center to promote health and development programs for children in poverty, $300,000 (1987).

Committee for Economic Development: toward preparation of a report on strategies for investing in the education of disadvantaged children, $50,000 (1986).

Harvard University: for analysis of policies affecting children in poverty, $217,500 (1987); toward studies of the development, evaluation, and effectiveness of family support programs, $180,000 (1985); toward a resource guide on family support programs in the schools and a study of state-supported programs, $100,000 (1980).

Johns Hopkins University: for development of a handbook for state and local policymakers on the prevention of childhood injury, $300,000 (1987).

National Association for the Education of Young Children: toward establishment of the Child Care Information Services, $690,000 (1984).

National Conference of State Legislatures: for information and technical assistance on early childhood education and child-care policy for state legislatures, $295,870 (1985); $492,000 (1987).

Stanford University: for planning a review of research on the biological, cognitive, and social aspects of adolescent development, $25,000 (1987).

Structured Employment Economic Development Corporation: for preparation and dissemination of a summary of a report on model programs for dropout prevention and services for dropouts, $25,000 (1987).

University of North Carolina at Chapel Hill: toward support of the Project on Adolescent Literacy, $200,000 (1987).